



Implementation of 1115 Waiver/Transition of Seniors and Persons with Disabilities

Frequently Asked Questions

Many Medi-Cal beneficiaries are mandated to enroll in a Medi-Cal Managed Care Plan. Some of the advantages of being on a Medi-Cal Managed Care Plan include easier access to health care, referrals to specialists and care coordination. The plans have a responsibility to make sure their members receive necessary health care. Some Medi-Cal benefits are covered by other programs, including services provided by the San Diego Regional Center, County Behavioral Health Services, California Children's Services and Denti-Cal. Though the Medi-Cal Managed Care Plans do not cover these services, they are responsible to ensure treatment is well coordinated.

Below please find Frequently Asked Questions regarding the enrollment of the Seniors and Persons with Disabilities (SPD) transition to Medi-Cal Managed Care Plans.

When is the enrollment date for SPD enrollees?

Enrollment will begin June 1, 2011 and will be based upon the enrollee's birth month.

What is the enrollment/notification process?

The first notification is sent ninety (90) days prior to the enrollee's birth month. For example, letters were sent March 1, 2011 for enrollees with a date of birth in June notifying them that their effective date will be June 1, 2011. The notification gives a brief explanation of the change in Medi-Cal coverage and encourages the enrollee to contact Health Care Options (HCO). The second notice is sent approximately sixty (60) days prior to the effective date, and includes a Health Plan Choice Packet. The third and final letter is sent if no response is received notifying the enrollee that if they do not select a health plan, one will be chosen for them. Telephone calls are made to the enrollee after each notification to inform them of the Medi-Cal changes and answer any questions they may have. The members may choose a plan during any of these calls.

What enrollees are affected by the change in Medi-Cal?

The SPD enrollees with only Medi-Cal coverage will be mandated to be in managed care. This is not for dual-eligibles that also have Medicare. If an enrollee gets their health care through Fee for Service (FFS) Medi-Cal, they will be required to join a health plan. If they are currently in a health plan, they will no longer be able to opt out to FFS Medi-Cal.

How can the enrollees choose a health plan?

Enrollees can choose or change a health plan once a month in a number of ways. They can make a choice by going to the HCO website <http://www.healthcareoptions.dhcs.ca.gov/HCOCS/Default.aspx> or by calling Health Care Options at 1-800-430-4263. Additionally, they can contact a local HCO enrollment counselor by calling Healthy San Diego Info line at 619-515-6584. They can also select a plan by filling out the health plan choice form that will be sent in the mail. They will also have the opportunity to choose over the phone when they are called regarding their health plan enrollment.

Will health benefits change?

All of the health care benefits and services that are currently covered will stay the same. There are additional benefits to joining a health plan, including Member Services, a 24 Hour Nurse Advice line and transportation.

Will the enrollees be able to keep their doctors?

The health plans will make best efforts to ensure enrollees can keep their current physicians. The Healthy San Diego website has a provider on-line directory of health plan participating Primary Care Physicians, community clinics and specialists. The Healthy San Diego website is <http://www.sdcounty.ca.gov/hhsa>. This information should be referenced when determining the best health plan to meet their medical needs.

Will enrollees have to change mental health providers?

No, specialty mental health benefits will not change.

Will the enrollee continue to have access to prescription drugs?

Yes, the enrollee will have access to prescription medications that are a covered Medi-Cal benefit. However, drug formularies vary by health plan. The formularies are listed on the health plans' websites and should be referenced when determining the best health plan for an enrollee.

What is the enrollment process if a health plan is not chosen?

Enrollees are encouraged to select a health plan prior to their effective date. If this does not occur, the State will choose a plan and Primary Care Physician based upon the enrollee's prior Medi-Cal utilization. They will match physicians the enrollee has been seeing with the plans' provider networks to determine the most appropriate health plan option to assist in continuity of care.

If there are any other questions, please reference the Department of Health Care Services website:

<http://www.dhcs.ca.gov/individuals/Pages/MMCDSPDENrollment.aspx>

Or call the Healthy San Diego Information Line at (619) 515-6584